



**REQUEST FOR SAFETY/PERMANENCY FUNDS**  
 ND DEPARTMENT OF HUMAN SERVICES/CFS  
 SFN 307 (3-2006)

(The expenditure of this money is to help prevent out-of-home placements and assist with safe permanent plans for children)

Safety/Permanency funds are funds that a family may need to help prevent the placement of children in out-of-home care, safely reunify children with their families or assist with other permanency plans for children. This money may pay rent, heat, lights, repair a car, purchase necessities for the family, etc. However, other avenues of payment for these needs must be exhausted such as: county funds, churches, fraternal organizations, etc., due to the limited amount of money available.

In order to access the safety/permanency monies, the approval of a County Supervisor and the Regional Representative of the County Social Services is required. The state will provide 90% of the funding while the County will provide 10%. The County Supervisor and Regional Representative have the authority to authorize up to \$500. Amounts above \$500\* need **verbal** authorization from **Kathy Neideffer** or designee of Children & Family Services. Verbal approval will be obtained by a Regional Representative.

For approval and distribution, all information at the bottom of this page needs to be completed and returned to the Regional Representative.

<b>PARENTS NAME(S)</b>		<b>SOCIAL SECURITY NUMBER</b>		County Number:		
<b>CHILD'S NAME</b>	<b>SOCIAL SECURITY NUMBER</b>	<b>DOB/AGE</b>	<b>SEX</b>	<b>RACE</b>	<b>IDENTIFIED CHILD Y/N</b>	
Amount Requested:			Amount Approved:			
Provider's Name:						
Address:			City:		State:	Zip Code:
Expenditures Are For:						
Licensed Social Worker:					Date:	

**APPROVAL:**

County Supervisor:	Date:
Regional Representative:	Date:
<b>For Amounts Over \$500.00</b>	
Who from CFS gave Regional Representative Verbal Approval?	Date:

**This form needs to be fully completed before payments will be made from the Department of Human Services.**

**DISTRIBUTION:** ORIGINAL - Regional Rep. - to be forwarded to Kathy Neideffer, CFS  
 COPIES - Routed after Regional Rep's signature to - County Supervisor, County Accounting Dept., & File

## **COUNTY REIMBURSEMENT PROCEDURE:**

The county social service agency will pay the initial bill and receive 90% reimbursement by claiming their expenses on the 119. Please use the following method.

- \* For reimbursement, the county should complete the following information on the Form 119 "Monthly Report of County Social Service Board Operating Expenses and Receipts".
- \* Section B "Miscellaneous Expense" - use code 068 at the top of any of the blank columns.
- \* Itemize on Line 10 in Section B "Foster Care Wrap-Around" 90% Reimbursement.